

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025396

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1742

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY ST LOUISb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CLAYTON

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ENROUTE ST LOUIS COUNTY HOSPInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY

Inside Limits
Yes ☒ No ☐c. CITY OR TOWN ST. LOUISd. STREET ADDRESS (If outside, give location)
4255 FLAD AVEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN J BECKMAN

4. DATE OF DEATH

Month

Day

Year

JUNE 11 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MAR 18 1915 47

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ROUTE SALESMAN WHITE BAKERY

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI U-S-A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

AUGUST W BECKMAN

13b. MOTHER'S MAIDEN NAME

MARIE V KRUZER

14. NAME OF HUSBAND OR WIFE

LUCY BECKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

LUCY BECKMAN 4255 FLAD AVE18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion, AcuteINTERVAL BETWEEN
ONSET AND DEATH1d.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Arteriosclerotic Heart Disease

DUE TO (c)

& HypertensionPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/1/54 to 6/11/62 and last saw him alive on 2/11/62Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Th. Cecelia Reichert, M.D.

22b. ADDRESS

16 Hampton Village Plaza

22c. DATE SIGNED

6/12/6223a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

BURIALJUNE 14 1962

23c. NAME OF CEMETERY OR CREMATORY

MT. HOPE CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS CO.

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.

6-12-62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 24869

P. O. Address Staten 5/16

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr M. Cecilia Brichart Pt 2 8349
Hampden Village Plaza 1100 am